

Case Number:	CM13-0027537		
Date Assigned:	11/22/2013	Date of Injury:	12/01/2010
Decision Date:	03/20/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old female who sustained a work related injury on December 01 2010. Subsequently, she developed chronic right elbow and hand pain. According to note dated on October 22, 2013, the patient was complaining of worsening of right elbow and hand pain with a rate of 7/10. Her medicines controlled most of her pain. Physical examination demonstrates reduced right elbow range of motion with allodynia. The patient was diagnosed with early chronic regional pain syndrome and history of neuropathic pain. The provider request authorization for stellate ganglion block on the right side under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right Stellate Ganglion Nerve Block with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympa.

Decision rationale: According to MTUS guidelines, Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. The one prospective double-blind study (of CRPS) was limited to 4 subjects. The provider stated that most of the patient pain is controlled by her

medications, her residual pain was not quantified and the need of stellate ganglion block is not clear. In addition the diagnosis of CRPS is not fully confirmed, edema and skin abnormalities are missing from the provider report. Therefore, right Stellate Ganglion Nerve Block with fluoroscopy is not medically necessary.